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MEETING MINUTES
STATE CONSUMER AND FAMILY ADVISORY COMMITTEE

January 8, 2009

Present: Nancy Black, Terry Burgess, Gladys Christian, Marianne Clayter, Zack Commander, Bill Cook, Kathy Crocker, Roger Griesinger, Libby Jones, Laura Keeney, Ron Kendrick, Renee Sisk, Andrea Stevens, David Taylor Jr., Amelia Thorpe, Rosemary Weaver and Glenda Woodson.

Absent: Wilda Brown, Carol DeBerry, Carl Noyes and Paul Russ.

Staff Present: Leza Wainwright, Chris Phillips, Cathy Kocian, Jesse Sowa, Rebecca Carina, Bill Scott and Leesa Galloway.

Guests: Judy Taylor.

Presenter & Topic	Discussion	Action
Welcome: Ron Kendrick, SCFAC Chair	<ul style="list-style-type: none">• The meeting was called to order at 9:30 AM.	The agenda was approved. The November 2008 minutes were approved.
Public Comment	<ul style="list-style-type: none">• Frank Edwards was unable to attend the SCFAC meeting today• Roger Griesinger gave an update on the NC Council of Community Program's annual Pinehurst Conference in December. SCFAC members had a display table set up in the Exhibit Hall and members distributed information as requested.• Libby Jones provided information on the status of the Staff Qualifications Workgroup that is presently reviewing qualifications for licensed professionals, qualified professionals, paraprofessionals and associate professionals.• Laura Keeney attended the Institute of Medicine (IOM) Substance Abuse Task Force meeting that was held in December. Senator Martin Nesbitt, Representative Verla Insko and Dr. Dewayne Book were the Chairpersons of this meeting. The IOM has been meeting on a regular basis since 2007 and this was the final meeting. The General Assembly instructed the NC IOM to review the NC substance abuse services system and provide a 2008 interim report/recommendations and a final report to the 2009 General Assembly. Members of the IOM task force discussed recommendations they will submit to the Legislature. SCFAC members discussed the stigma surrounding substance abuse and members agreed that there needs to be more financial support for prevention and treatment.	Kathy Crocker will contact Frank Edwards to reschedule his request for public comment time.
Discussion with Division Leadership	<ul style="list-style-type: none">• Leza announced that Mike Hennike has been chosen as the new Director of	

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Leza Wainwright	<p>Central Regional Hospital, Dr. Mike Lancaster has returned to his position as Chief of Clinical Policy and that she is the Director of the Division of MH/DD/SAS.</p> <ul style="list-style-type: none">• Leza noted the appointment of Lanier Cansler as the new DHHS Secretary and that he had previously worked as Deputy Secretary under DHHS Secretary Carmen Hooker Odom from 2001-2005 after which he resigned to return to the private sector. Secretary Cansler is known for having a good management background and concern for accountability issues. She stated that she believes that Governor Perdue is very interested in MH/DD/SAS and will back the new Secretary in the General Assembly. Leza recognized Dempsey Benton as a well respected, excellent manager and said that he has been wonderful to work for and that he will be greatly missed.• The Community Support State Plan Amendment that was sent to the Centers for Medicare and Medicaid Services (CMS) on June 30, 2008, has not yet been approved by CMS. CMS has engaged with the Division in a series of questions and answers but action on the SPA has not been timely. Part of the Community Support SPA involved changing the rate payment method so that licensed clinicians would be paid a greater wage compared to rates paid to paraprofessionals. The Division doesn't have authority to make the rate change without CMS approval.• The Division of Medical Assistance (DMA) has been seeking applications from qualified LMEs who are interested in providing Utilization Management Services (UM). Proposals for UM/UR were received from the following seven LMEs and they will have site visits within the upcoming week(s):<ul style="list-style-type: none">• Mecklenburg,• Durham,.• Alamance-Caswell-Rockingham,• ECBH,• Eastpointe,• Western Highland Network and• Onslow Carteret. <p>Final decisions regarding those LMEs chosen to perform this function will be made by February 1, 2009. LMEs are concerned that there is no start-up money to accompany this.</p> <ul style="list-style-type: none">• Zack asked Leza about the Albemarle Mental Health Center (AMHC) situation. Leza gave a brief history of what led up to their current problems including the fact that the LME claimed that they had run out of money just three and half months into the 2008-2009 fiscal year. This has left many providers in the AMHC catchment area unpaid for months, but many providers receive grant funding so they have been able to sustain business	
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for the time being. The Division doesn't have the authority to pay providers directly because only the LME can access LME funds. Currently, there are four key functions that the LME is struggling with:

- Service Management,
- Provider relations,
- Customer Service and
- Finance.

AMHC divested services, announced a reduction in force for 80 staff who were given notice in January, the Governing Board dismissed the Director and appointed an acting Director. Leza said that the Division has sent a team to do a targeted review of the situation. The Division has requested that AMHC submit their plans on how they intend to get the services up and running by January 23, 2009. In addition, AMHC also needs to submit a plan of correction on fixing the deficient functions by February 13, 2009. Their remains about 9 million dollars that has yet to be drawn down by AMHC which the LME could request to use to pay providers.

- The DMH/DD/SAS Legislative Oversight Committee (LOC) has asked for and received permission to continue to meet beyond the beginning of the legislative session. The LOC will probably issue its report in February or March. Given that there is no money available given the economic conditions, it is unclear what they will recommend. They have and still place a strong emphasis on Crisis Services and may also recommend that we be given more time to implement 2 more tiers to the waiver. The LOC may also may put forth some of the recommendations from the IOM regarding Substance Abuse prevention and treatment.
- State Agencies were asked to come up with accommodations of possible budget reductions. DHHS prepared plans for reductions of 5%, 7% and 10% just in case. Leza said that no one wants to see services reduced or facility beds closed but that reductions from LMEs and the Central Office were insufficient to meet the percentages. Leza did note that, given the fact that the Integrated Payment and Reporting System (IPRS) is already established and that assuming responsibility for the billing and payment of providers would require the addition of only three staff, a great deal of savings could result from the Division assuming this responsibility.
- SCFAC members discussed substance abuse funding. Apparently the State of Washington has been successful with legislation in terms of getting substance abuse funding transitioned from the Department of Corrections (DOC) to substance abuse prevention when it can be proven that this would save money. Leza acknowledged that not all LMEs in North Carolina have sufficient SA expertise. Pathways LME is using monies from their fund balance to build a substance abuse detox facility in Gastonia. Leza stated

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	<p>that the Division has never denied an LME's request to utilize their fund balance money in order to provide services. LMEs only have to request permission from the Division to use over 15 % of their fund balance. She also noted that we must be more creative in our approaches to utilizing funding to meet service needs.</p> <ul style="list-style-type: none"> • SCFAC members commented on several issues of concern to them. First, Rosemary Weaver stated that any qualified provider can apply for Medicaid direct billing status. David Taylor, Jr. announced that he had presented to members of Microboard. It was noted that the current budget cuts don't affect the CAP Waiver so no one should see any cuts in their waiver services. 	
<p>Budget Discussion Bill Scott</p>	<ul style="list-style-type: none"> • Bill Scott, Budget and Finance Team Leader, provided SCFAC members with an interactive budget presentation/discussion. Presently, the SCFAC Budget Task Team has responsibility for reviewing and commenting on the State budget for MH/DD/SAS. In addition, the Task team would like to be able to provide technical assistance to local CFACs and provide data as requested (i.e., fund balances, county share per capita, etc). • Medicaid receives the greatest amount of funding with 53% going to these services. Medicaid is a partnership of state and federal funding where 42% of the money is funded by federal dollars and 58% is funded by state dollars. Medicare is 100% federal funding. • The following categories make up the total state system funding for SFY 2008: <ul style="list-style-type: none"> ○ Central Office Administration (1%), ○ LME Federal Community Block Grants (3%), ○ LME State Funding (13%), ○ Central Office Contracts, ○ County Funding (4%), ○ CAP-MR (17%), ○ Community ICF-MR (9%), and ○ Medicaid Community (53%). • State funding by disability categories for SFY 2008 are: <ul style="list-style-type: none"> ○ Substance abuse (7%), ○ Mental health (17%), ○ Developmental Disabilities (27%), and ○ Non-disability specific and Crisis Start-up (49%). • It's imperative that the figures are accurate and correct prior to being sent to the legislature, so the Division of MH/DD/SAS works with the following stakeholders: <ul style="list-style-type: none"> ○ Office of State Budget and Management (OSBM), ○ NC General Assembly, 	

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	<ul style="list-style-type: none"> ○ MH/DD/SAS Division Programs, ○ Division of MH/DD/SAS Contracts, ○ Department of Health and Human Services (DHHS), ○ DHHS Controller's Office, ○ LMEs, ○ Service Providers and ○ The Division of MH/DD/SAS Budget Office. <ul style="list-style-type: none"> ● Bill mentioned that the Mercer report showed there would be a \$20 million savings if those LME functions that could be combined were combined. The current hot topics in budget at this time include: <ul style="list-style-type: none"> ○ How our budget is created, ○ Single Funding Stream, ○ LME system administration, ○ Crisis Services, ○ County participation and ○ Budget cuts SFY 08-09. 	
LOC Meetings	<ul style="list-style-type: none"> ● SCFAC members discussed attendance at upcoming LOC meetings. However, funding availability for travel is uncertain due to the current economic conditions and recent budget cuts. ● The following members said they would attend upcoming LOC meetings: <ul style="list-style-type: none"> ○ Amelia Thorpe will attend the January LOC meeting. ○ Kathy Crocker volunteered to attend the February LOC meeting. ○ Nancy Black and David Taylor, Jr. discussed the possibility of attending the March/April meetings should any occur during these months. 	
Annual Visit with the Secretary Ron Kendrick	<ul style="list-style-type: none"> ● Ron Kendrick stated that it's time for the committee to invite the new DHHS Secretary, Lanier Cansler, to meet and visit with SCFAC. The objective of this meeting is to gain an understanding of Secretary Cansler's philosophy and how he proposes to get his job done. 	Kathy Crocker volunteered to draft a letter to Secretary Cansler based on the position statement sent to Governor Purdue. In addition, SCFAC will request time for him to attend an upcoming SCFAC meeting.
Access to Care Flow Chart Services Task Team	<ul style="list-style-type: none"> ● Rebecca Carina and Leesa Galloway received input from SCFAC on the draft flow chart that was recently developed at the request of Mecklenburg CFAC. The intention of the Access to Care flow chart is to provide a consumer-friendly version for consumers and their families in order to access services in their local communities. ● There will eventually be three flow charts: <ul style="list-style-type: none"> ○ The current chart that is on the Division web site that was used in the 2007 Access to Care training. ○ The consumer-friendly version that was reviewed by SCFAC today which is for individuals who want to understand the 	Rebecca Carina will have the completed flow chart posted on the Division web site upon final approval.

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	<p>details of how the system works, and</p> <ul style="list-style-type: none"> ○ A flow chart for individuals seeking services for the first time (to be created with input from consumers and family members) that will consist of the basic steps that a person can expect when they make contact with an LME or a provider for the first time. 	
SCFAC Budget Task Team	<ul style="list-style-type: none"> • Nancy Black is developing a Budget operating statement. In order to understand the data, the team has been accessing data available to SCFAC and they have met with Bill Scott, Budget Team Leader, to assist with interpretation of the data. Currently, the task team's goal is to identify five important budget issues and share their findings with SCFAC and local CFAC. 	Nancy Black will distribute the draft operating statement to SCFAC members.
SCFAC Plans Task Team	<ul style="list-style-type: none"> • Roger Griesinger stated that the Plans Task Team is reviewing the State Strategic Plan and they have been in contact with Division staff for assistance. 	The Plans Task team is meeting with Rebecca Carina in February prior to the SCFAC meeting.
SCFAC Services Task Team	<ul style="list-style-type: none"> • Andrea Stevens said that her team is reviewing the LMEs' local business plans. The team is charged with the following three responsibilities: <ul style="list-style-type: none"> ○ Identify service gaps and underserved populations, ○ Make recommendations regarding the service array and monitor the development of additional services, and ○ Participate in all quality improvement measures and performance indicators. • SCFAC members discussed the possibility of having the local CFACs submit to the SCFAC their 2009 Community Needs Assessment in order to accurately report the gaps in service to the LOC. 	
SCFAC/LCFAC Interface Committee	<ul style="list-style-type: none"> • Kathy Crocker provided SCFAC members with information on the development of the 2009 local CFAC to SCFAC report. Rosemary Weaver will draft a communication from the State CFAC that will be distributed via email and hard copy to the local CFAC Chairs. The cover letter will include information on the SCFAC statutory responsibility and SCFAC technical assistance. • The goal is to get the surveys out to local CFACs in order to receive the findings by the end of May 2009. 	Rosemary Weaver is drafting a communication to local CFACs notifying them of the upcoming survey.
Communication with LOC	<ul style="list-style-type: none"> • Zack Commander mentioned that SCFAC needs to get in touch with both the LOC and with the Quality Management Team regarding communication protocols. In addition, SCFAC members discussed the need to address decision makers as a group prior to LOC meetings. • Amelia Thorpe reminded the committee that the meetings require careful planning and need to contain a well thought-out agenda. Several members stated that it's imperative to set aside personal agendas. Kathy Crocker suggested that <i>Discussion of Protocol for Legislative Meetings</i> be placed on the February 2009 agenda. 	

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	<ul style="list-style-type: none"> • Zack Commander made the following motion: <i>SCFAC will meet with Legislators once a quarter and the meeting date will be the same day as SCFAC meetings, in the afternoon.</i> The majority voted in favor of the motion. 	Kathy Crocker will bring legislative meeting information to the February SCFAC meeting.
Next Meeting Date	<ul style="list-style-type: none"> • The next meeting is scheduled for February 12, 2009 from 9:30-3:00 PM. The meeting will be held in the Four Sisters Room at the Clarion Hotel State Capital, 320 Hillsborough Street, Raleigh, NC. 	
February 2009 Meeting Agenda	<ul style="list-style-type: none"> • Approval of the Agenda. • Approval of the January 2009 minutes. • Discussion with Division Leadership. • Public Comment Time. • Discussion of Protocol for legislative meetings. • Visit with Secretary Cansler. • Task Team Reports. • Task Team Work Sessions. 	
Future Meeting Topics	<ul style="list-style-type: none"> • Substance Abuse Services 	